

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/913870	FILING DATE		
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2		1					52				
3		3					53				
4		10					54				
5		8					55				
6		8					56				
7		8					57				
8		8					58				
9		8					59				
10		8					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50		1					100				
TOTAL IND.		1		1			TOTAL IND.				
TOTAL DEP.		23		23			TOTAL DEP.				
TOTAL CLAIMS		24		24			TOTAL CLAIMS				

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